MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR [redacted] WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICA[redacted]

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		0		1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			14			
TOTAL CLAIMS			19			

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						